



**Assessing the Ability of
Hospitals to Report
Details of Blood and Body
Fluid Exposures in
Accordance with Senate
Bill 718**

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Occupational blood and body fluid exposures in healthcare

- 57 cases of HIV in the U.S. were caused by occupational exposures since the epidemic began
- 138 additional cases were potentially contracted due to an occupational exposure
- Nurses and clinical laboratory technicians have experienced the majority of occupationally-acquired HIV in the healthcare industry



Occupational exposure legislation

- Concern for healthcare worker (HCW) safety has prompted legislation in 33 states
- Maryland has been cautious in balancing calls for patient confidentiality and HCW safety



History of occupational exposures in Maryland

- 1991: House Bill 194- Consent required prior to the testing of source blood
- 1996: AIDS Administration “Occupational Exposure Survey”- 6% of source patients refused testing
- 2003: House Bill 343- First responders included in legislation and testing allowed if no substitute consent was available
- 2003: Legislative workgroup report- Only 1% of source patients refused consent



Senate Bill 718

- Effective as of October 2005
- Joined 12 other states in allowing blood testing if a source or substitute refuses consent
- Tasked state agencies to “develop regulations establishing procedures to collect information by county on exposures... and refusals to consent by a patient...”



The Workgroup

- Department of Health and Mental Hygiene
- Maryland Institute for Emergency Medical Services Systems
- AIDS Administration



The Questionnaire

- Questionnaire sent to 51 acute care hospitals in Maryland
- Information requested on both HCW and first responders (FR)
- Hospitals were requested to send policies and procedures regarding occupational exposures to blood and body fluids
- Summary statistics were calculated



Returned questionnaires

- 26 of 51 hospitals returned the questionnaire
- 20 of 26 included policies and procedures



Question 1: Type of information collected

| Question | Number of affirmative responses (%), N = 26 |
|---------------------------|--|
| <i>HCW: Source labs</i> | 11 (42%) |
| <i>FR: Source labs</i> | 6 (23%) |
| <i>HCW: Employee labs</i> | 13 (50%) |
| <i>FR: Employee labs</i> | 4 (15%) |

- The majority of information collected by hospitals would be irrelevant to the interests of SB 718
- Less than half report recording information on whether labs are done



Question 2: Recordkeeping tools

- Individual files: 88%
- Logs
 - Physical: 23%
 - Computerized: 69%
 - OSHA: 35%



Question 3: Aggregation and trending

- Almost all hospitals (96%) reported aggregating and/or trending their data on occupational exposures
- The most common variables to trend by, however, were type of object or sharp involved and other details of the exposure
- Consent approvals and denials were not listed as variables by which data were trended



Question 4: Reports

| Question | Number of affirmative responses (%), N = 26 |
|------------------------------|--|
| <i>Internal board report</i> | 19 (73%) |
| <i>OSHA report</i> | 4 (15%) |
| <i>Regular report</i> | 20 (77%) |
| <i>Report as needed</i> | 2 (8%) |
| <i>Other reporting</i> | 1 (4%) |

- Again, reporting was generally not specific to matters of consent
- Despite being required by law, only a small percent reported making OSHA reports



Question 5: Policies and procedures

| Steps in occupational exposure procedure | Affirmative responses from all hospitals (%), N = 26 | Affirmative responses from hospitals returning policies and procedures (%), N = 20 | Affirmative responses from hospitals not returning policies and procedures (%), N = 6 |
|---|---|---|--|
| Consent requested | 22 (85%) | 20 (100%) | 2 (33%) |
| Substitute consent sought if necessary | 11 (42%) | 11 (55%) | 0 |
| HIV testing | 25 (96%) | 20 (100%) | 5 (83) |
| Post-testing counseling | 19 (73%) | 17 (85%) | 2 (33%) |
| PEP evaluation | 21 (81%) | 17 (85%) | 4 (67%) |
| Specified follow-up | 19 (73%) | 15 (75%) | 4 (67%) |



Question 5 interpreted

- The results of question 5 as observed in the group that returned policies and procedures indicate that most hospitals follow recommended procedures
- The difference in those hospitals that only answered the question and did not return policies and procedures suggests that unconfirmed answers to the questionnaire may not be complete



Recommendation 1

- Policies and procedures would suggest that most of the sought information is contained in employee health files but not tracked in an easily extractable format
- To decrease the burden on the hospitals, the state could offer to assist with a chart review to extract the needed information from files



Recommendation 1, cont.

- Considerable privacy and confidentiality assurances would have to be made
- Would require hospitals to set aside large blocks of time



Recommendation 2

- Develop a prospective data collection tool for use by hospitals
- Select a cross-section of hospitals for piloting the tool
- Dual purpose
 - Gather information requested by SB 718
 - Recommend for/against a specific tool for future data collection



Recommendation 2, cont.

- Use a simple paper form to database format that does not require new software
- Do not replicate data hospitals are already collecting, i.e. sharps type, exposure details, etc.
- Develop in cooperation with hospital groups



First responders

- Standards of practice differ among hospitals
- Special effort should be made to partner with emergency departments or others responsible for FR
- Additional data collection for standardization of practices would be advisable but difficult



References

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